



# LOS ANGELES COUNTY COMMISSION ON HIV

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*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## SPECIAL COMMISSION ON HIV MEETING MINUTES May 14, 2009

**Approved**  
**6/11/2009**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF
Anthony Braswell, <i>Co-Chair</i>	Carla Bailey, <i>Co-Chair</i>	Karen Chan	Chi-Wai Au
Sergio Aviña	Anthony Bongiorno	Savann Duos	Kyle Baker
Al Ballesteros	Eric Daar	Susan Forrest	Angela Boger
Carrie Broadus	Nettie DeAugustine	Shawn Griffin	Maxine Franklin
Robert Butler	Ted Liso	Wendy Hancock	Michael Green
Whitney Engeran-Cordova	Peg Taylor	Richard Iniguez	Mary Orticke
Douglas Frye	Chris Villa	Miki Jackson	Jennifer Sayles
David Giugni		Michael Johnson	Juhua Wu
Terry Goddard		Ingrid Marchus	Dave Young
Jeffrey Goodman		Christopher Moore	
Joanne Granai		Ruel Nollo do	
Michael Johnson		Benicé Nunez	<b>COMMISSION STAFF/CONSULTANTS</b>
Lee Kochems		Jenny O'Malley	
Brad Land		Joanne Oliver	Julie Cross
Anna Long		Herbath Osorio	Carolyn Echols-Watson
Manuel Negrete		Nicholas Rocca	Dawn McClendon
Quentin O'Brien		Julian Sanchez	Jane Nachazel
Everardo Orozco		Natalie Sanchez	Glenda Pinney
Dean Page		Nick Truong	Doris Reed
Angélica Palmeros		Victor Weston	James Stewart
Mario Pérez			Craig Vincent-Jones
Robert Sotomayor			Nicole Werner
Kathy Watt			
Fariba Younai			

1. **CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:20 am.
  - A. **Roll Call (Present):** Aviña, Braswell, Broadus, Frye, Giugni, Goddard, Goodman, Johnson, Long, Negrete, O'Brien, Orozco, Page, Pérez, Sotomayor, Watt, Younai
2. **APPROVAL OF AGENDA:**
  - MOTION 1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
  - MOTION 2: Approve the minutes from the April 30, 2009 Commission on HIV meeting, as amended to reflect that Mr. Braswell abstained on Motion 6 (*Passed by Consensus*).

**4. CONSENT CALENDAR:**

**MOTION 3:** Approve the Consent Calendar with Motions 4 and 5 removed (*Passed by Consensus*).

**5. PARLIAMENTARY TRAINING:** Mr. Stewart has concluded training sessions. They will resume in Fall 2009.

➡ Mr. Engeran-Cordova asked Mr. Stewart was asked to explain a call for the question at a future meeting.

**6. PUBLIC COMMENT, NON-AGENDIZED:** Mr. Moore, Outreach Coordinator, Young Men Taking Charge, announced a program with OAPP and the HIV Epidemiology Program to educate young African-American and Latino men about HIV, encourage testing, and engage them in care. The OASIS and AltaMed clinics each have a case manager.

**7. COMMISSION COMMENT, NON-AGENDIZED:**

- Mr. Sotomayor expressed gratitude on behalf of SPA 1 for the Commission's work to improve services in the SPA.
- Mr. Pérez welcomed three graduate students from the UCLA Executive Program in Health Care Management and Policy. They will be observing Commission proceedings and writing a report on its work in addressing HIV/AIDS in LA County.

**8. PUBLIC/COMMISSION COMMENT FOLLOW-UP:**

- A. Center for AIDS Prevention (CAP):** Mr. Vincent-Jones reminded that Lomax Burnett had addressed the Commission during the 4/9/2009 Public Comment period to offer collaboration. Mr. Goodman requested financial documentation, and the Commission has followed up with a letter requesting that information. CAP is not obligated to respond to the request, but doing so would precipitate any potential collaboration.
- B. May Special Election:** Mr. Vincent-Jones recalled mention of the 5/19/2009 ballot propositions at the Commission's 4/30/2009 meeting. The County took no positions.

**9. CO-CHAIRS' REPORT:** Mr. Braswell announced that Dr. Younai received the 2009 UCLA Academic Distinguished Teacher Award. She was also in China recently presenting a paper on oral health grounded in the Commission's work.

**10. EXECUTIVE DIRECTOR'S REPORT:** There was no report.

**11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:**

- Mr. Pérez reported a \$2.4 million increase to the FY 2009 Ryan White award. OAPP proposed a three-month package of contracts to the Board for FY 2009 which began 3/1/2009. A draft letter was presented 4/29/2009, but revised 5/13/2009 for the Chief Executive Officer and Health Deputies in anticipation of the Commission's revised allocations. It allows partial investment of the increase.
  - The Commission emphasized two investment areas in directives developed 5/5/2009: 1) Medical Outpatient/Medical Specialty, including Local Pharmacy Program/Drug Reimbursement, and Mental Health Psychiatry; and 2) clinical enhancement services. The revised letter invested \$1.069 million in the first group for providers whose FY 2009 award had been below FY 2008. Dr. Green is reviewing investment of other funds in the first group and about \$500,000 in up to six categories in the second.
  - Mr. Pérez reported preliminary word from the state that the FY 2009 Part B award will be flat-funded.
  - He thanked the Commission for its prompt SPA 1 RFP recommendations. Development continues for the 6/1/2009 RFP release.
  - Mr. Pérez recalled the presentation by True Pawluck, Director, Communications, on the OAPP plan for social marketing. KCBS won the bid. A twelve-member Community Advisory Board (CAB) has been formed and will meet four to six times per year of the multi-year commitment. Several focus groups have occurred with others scheduled for 5/20-21/2009.
  - ➡ OAPP will provide a social marketing CAB member list and will update the Commission and PPC as messages are refined.
- A. Performance-Based Contract Monitoring (PBCM):**
- Ms. Orticke, Chief, Clinical Services at OAPP, presented PBCM, a new model developed to improve contract monitoring through improved sampling; quicker, more usable reports; increased ability to track and trend performance; integrated quality improvement and quality assurance activities; and reduced staff time monitoring contracts.
  - Federal and state contracts require monitoring, the Board requires on-site review and Commission Standards of Care include minimum service expectations. OAPP conducts programmatic and administrative review that ensures appropriate licensing and staffing for services. The Public Health Fiscal Audit Team and the Auditor-Controller conduct fiscal audits. OAPP provides information to both on the deliverables and other items procurement.
  - Stakeholder focus groups began in January 2007, a pilot launched in July 2007, and roll-out by division began July 2008. Clinical Services contracts have all been transitioned to PBCM with Clinical Enhancement transitioning underway. Development has begun on data analysis and report monitoring formats.

- On-site reviews are scheduled in advance. PBCM uses tablet PCs to rapidly capture review data, to generate preliminary reports on-site with a final review in a maximum of 30 days, and to track corrective action in a central database.
  - Standardized monitoring tools incorporate HRSA performance measures, standards of care, and contractual requirements. HIVQual's sampling methodology draws comparable samples from programs of varied sizes.
  - A performance score is calculated for each clinical or performance measure. Aggregate scores class the retrospective program performance as peak with a full review every three years; competent, every two years; or conditional, annual. Peak and competent programs earn shorter focus reviews in alternate years reducing both OAPP and program staff time.
  - Program managers work with providers to develop/implement corrective actions and improvement overall. Each review period is one year and, if on-site review is near the end of a contract year, may extend to the next year.
  - While there are transitional equipment and training costs, PBCM has improved data and will reduce staff time needed.
  - Ms. Watt asked if the system accommodated different populations; Ms. Orticke responded that it did. Mr. Braswell reminded providers to write outcomes carefully during contract negotiation so that progress can be tracked.
  - Mr. Johnson suggested incorporating tracer methodology, which follows a specific consumer through the continuum of care, to ensure consumers received indicated services. The methodology is used by the Joint Commission. He noted some "Meet the Grantee" attendees reported not receiving a service they had been reported to have received. He also recommended a tie-in to the Warm Line to flag concerns early. He encouraged publishing results to inform consumers. In response, Ms. Orticke expressed concerns with tracer methodology including cost, but agreed it could be used on a sample basis.
  - Dr. Younai asked about OAPP response if an agency does not improve deficiencies. Mr. Pérez responded that beyond regular corrective action, a list of non-negotiable critical services (e.g., TB screening) would be developed as roll-out continues. These will trigger action, e.g., a visit the following week to assess corrective action.
  - Mr. O'Brien felt that the PBCM could be used motivationally and reported that the performance indicators had been discussed in advance with the Medical Outpatient Caucus—in his perspective, a good precedent. He cautioned characteristics, such "as being welcoming" are hard to measure, yet important.
  - Mr. Butler asked how PBCM addresses consumers who decline services. Ms. Orticke replied on-site review is dynamic, so discussion with the provider's medical director can address exceptions. Mr. O'Brien added that performance measures can include a "documented refusal by the patient" like for a vaccination. He also asked if PBCM would align with the RFP cycle. Mr. Pérez said that is the long-range goal, but it takes time.
  - Mr. Ballesteros noted many agencies have been directed to shift to electronic records by 2012 and several have accessed Stimulus Act funds to begin. He suggested OAPP work with them to ensure chosen systems accommodate indicators.
  - Ms. Broadus believed her agency HE/RR and HC/T programs had PBCM monitoring and found it helpful. Ms. Orticke clarified that Prevention Services proactively changed tools to resemble PBCM, though it has not been rolled out yet.
  - Ms. Watt asked how access was measured (e.g., whether the phone was answered). Ms. Orticke said it may not be a specific measure, but part of negotiating goals and objectives (e.g., number of visits and unduplicated clients) and trends over time, and working with consumers directly to meet access needs through referrals. Mr. Braswell noted agencies need to tailor goals and objectives to access needs for the varying subpopulations served.
  - Mr. Vincent-Jones noted PBCM targets clinical outcomes. He asked if it would be expanded to address administrative and fiscal outcomes or applied to the procurement process. Mr. Pérez confirmed performance is factored into the competitiveness score for applications. Providers not compliant with administrative requirements are not paid, so compliance is 100%.
- ➡ OAPP will collaborate with the Standards of Care Effectiveness Subcommittee which is also developing monitoring.

## 12. HIV EPIDEMIOLOGY PROGRAM REPORT:

- Dr. Frye reported 42,296 cases of HIV and AIDS have been reported as of 4/30/2009, including 5,000 coded and 13,197 named-based HIV case reports, and 24,000 AIDS cases. Few additional coded cases are likely to be converted to the named-based format.
- Preparations are under way to move from the HIV/AIDS Reporting System (HARS) to eHARS, which involves de-duplicating cases with other counties. Case investigation continues, but data entry is suspended for two months of training.
- A transgender behavioral pilot offshoot of National HIV Behavioral Surveillance was completed with over 100 interviews providing analyzable data. The second round of National HIV Behavioral Syndrome MSM studies is complete and the second round of injection drug use studies has begun.
- OAPP will request the Board extend funding for the OASIS youth case manager for the successful Young Men Taking Charge SPNS project. Talks are underway about possible development of a youth drop-in center near the OASIS Clinic.
- OAPP and HIV Epidemiology are submitted a SPNS grant for community worker help to women of color navigate the system of care.

- Dr. Frye said the County is a control site in the national presumed heterosexual risk study. Preliminary information is likely in July 2009. He felt the CDC is likely to change its definition so that it becomes a subset of heterosexual transmission.
- Identified HIV risk has risen to 84%, near the CDC minimum goal of 85%, perhaps reflecting improved provider attention and charting. Risk is assigned hierarchically though that may shift to category combinations. Non-identified risk is defined by demographic and other factors. Data on increasing categories is being developed, but no large changes are expected.
- ➡ Mr. Goodman requested Trista Bingham report on the National HIV Behavioral Syndrome MSM study at a subsequent Commission meeting.

**13. STATE OFFICE OF AIDS (OA) REPORT:**

- Mr. Iniguez, Chief, Community Care, reported for Peg Taylor. He confirmed that the FY 2009 Part B award was flat-funded.
- Budget discussions are on-going. OA was informed that all general fund-supported programs are on the table.
- Per a meeting with HRSA in Washington, DC, some state TGAs are at risk, but San Bernardino, Riverside and Orange County appear safe. Extension of the Ryan White for another three years appears likely. Health care reform discussions are continuing with OA in discussion with the GAO. He encouraged collaboration with OA staff to help them represent the state.
- OA can recruit now for several positions because it is below its administrative cap with many vacancies. It is not known if the Governor will impose a hiring freeze. Job announcements for the physician positions to fill the Medical Director, Care and Prevention Chiefs, among others, have been posted.
- ➡ Mr. Iniguez will provide requirement information for openings.

- 15. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:** Dr. Long, Public Health, said the H1N1 department operations center and incident command structure is being shut down. Case reports are still being accepted, but the CDC has changed its case definition so it is harder for people to be tested and cases are declining. There are 26 confirmed and 36 probable cases to date. H1N1 monitoring will be rolled into regular influenza monitoring.

**16. PREVENTION PLANNING COMMITTEE (PPC) REPORT:**

- Mr. Giugni reported Dr. Michelle Kipke, Children's Hospital, presented on Family Functioning and Communication among Asian/Pacific Islander Young MSM. It was prompted by difficulty in reaching this group during the Healthy Young Men's Study. Results showed high depression and isolation with low support. Dr. Kipke encouraged targeted services.
- The PPC formed a work group to collaborate with OAPP on the Post-Exposure Prophylaxis study at the OASIS and Jeffrey Goodman clinics starting July 2009. Mr. Giugni added that HIV Counseling and Testing Week would be 6/22-27/2009.
- The PPC approved the HIV Counseling and Testing Services Youth-Linked Referral Protocol.
- He reported the PPC has nominated Precious Stallworth, Gay and Lesbian Center, for the Commission's PPC seat.

**17. BENEFITS REPORT:**

- Ms. Cross, Benefits Consultant, said one-day overview provider trainings are scheduled for 5/28/2009, 7/21/2009 and 8/28/2009. A flyer for them was in the packet. Benefits Specialty Certification multi-day training will begin in Fall 2009.
- She described the Supplemental Security Income (SSI) cuts for various populations as a result of State budget cuts.
- The Governor is releasing two versions of the May Revise based on passage or failure of the special budget propositions, with cuts proposed either way.
- The Primary Care Association filed a lawsuit, to be heard 6/29/2009, to halt Medi-Cal cuts including optional benefits.
- The In-Home Supportive Service Union believes rate reduction for In-Home Health Services reduces services as prohibited under the Stimulus Act which mandates minimum June 2008 levels. The Governor is seeking a federal waiver for cuts.
- The budget Policy Brief will be updated as needed.

**18. STANDING COMMITTEE REPORTS:**

- A. Priorities & Planning (P&P) Committee:** The next meeting will be 5/19/2009 to address FY 2010 Part A allocations.

**1. FY 2009 Revised Allocations:**

- Mr. Goodman presented the Committee's allocations recommendations for the Part A award increases. The amount to be allocated after 10% is deducted for administrative expenses and 5% for Quality Management (QM) costs is \$2,112,978.
- Recommendations first restore cuts to Medical Outpatient (MO); Medical Specialty; and Mental Health, Psychiatry. The latter shows notable expressed need, but also capacity issues. For that reason, funding was targeted to capacity.
- Restoration was not targeted for HIV Counseling and Testing, not previously funded; Treatment Education, cut to align programs with standards; and Case Management, Psychosocial, which has recently been re-allocated \$700,000.
- Part A/Part B-funded categories were targeted due to the practicality of contracting funds part-way through the grant year after a delayed notification. FY 2009 funds must be spent by 2/28/2010.



- Funds were not allocated to Benefits Specialty or Oral Health Care because neither service category can absorb additional funds at this time.
- There is no EMA mechanism to offer assistance with health insurance premiums despite the need.
- The Committee recommends a first tier of allocations of \$1.55 million to the three services contracted as part of MO: MO, Medical Specialty, and Local Pharmacy Program/Drug Reimbursement.
- Allocations among the three line items were accorded OAPP in light of the time frame, but the Committee emphasized the significant increase in need for Medical Specialty warranting investment beyond replacement.
- The Committee recommends a second tier of allocations for remaining funds: MH, Psychiatry; MH, Psychotherapy; Case Management (CM), Psychosocial; Substance Abuse, Residential; Medical Transportation; Skilled Nursing; and Hospice. The Committee recommends allocations proportionate to YR 19 as possible except that CM, Psychosocial should only be funded for demonstrated need given its recently re-allocated \$700,000.
- As little change is anticipated in Part B funding, the P&P Committee Co-Chairs recommended a contingency plan to allocate any Part B award variation of less than 10% proportionate to the Part A increase allocations.
- Ms. Broadus questioned justifications for the allocations. Mr. Vincent-Jones responded that, as an increase, the Committee initially considered distributing it across FY 2009 funded categories. They then decided not to restore funds that had been cut due to under-utilization or under-spending. Decisions were reviewed on the remaining funded categories in light of recent allocations and the ability to affect services on the ground in an on-going contract year.
- Mr. Broadus felt OAPP had not sufficiently adjusted for staff vacancies in original FY 2009 cuts. Mr. Goodman replied that staffing was had been discussed and balanced against need and the likely ability to acquire staff.
- Mr. O'Brien added some gaps might require a new RFP which was not feasible in the time frame. Existing prioritization for FY 2009 was the basis for the discussions along with the SUNAR and other data.
- Mr. Ballesteros agreed that funds would be used, but expressed concern about the slowness of the RFP process. Mr. Pérez noted the five-letter process requires approvals from the agency, department, Board Offices, Auditor-Control, and the agency again to invest funds. The Board Letter process allows the Board to endorse allocation directly, but is difficult when such a letter is not scheduled, e.g., like when awards are delayed.
- OAPP is also now operating under a rule that prohibits over-spending of contracts which restricts the ability to shift funds. Often agencies promise to hire staff in future, but have historically been unable to do so. In this case, the increase may not continue in YR 2010, so funds would not be available to support additional staff going forward.
- Mr. O'Brien felt the OAPP budget modification process does not facilitate spending funds out. Improving that would help agencies spend out their contracts. Mr. Braswell noted a Procurement Work Group is addressing that, and other, related issues.
- Mr. Goodman and Ms. Watt realized during meeting review that MH, Psychiatry should have been in the first tier based on meeting discussions. They proposed moving it to the first tier with an increase to \$1.6 million to restore cuts and add investment to meet need as possible. It also allows greater funding to categories in the second tier since MH, Psychiatry was cut by \$280,000, so to restore it would leave little for the other six categories.
- Mr. O'Brien noted that the original \$1.55 million was derived from proportionate allocations to the MO group of services. By moving MH, Psychiatry with \$50,000, the figures are no longer proportionate.
- Mr. Vincent-Jones noted restoring cuts to first tier MO, Medical Specialty and MH, Psychiatry represents only a portion of either the \$1.55 million or \$1.6 million allocations, so both represent category increases. P&P did not discuss increasing MO beyond restoring cuts, but did discuss additional need for the others and the second tier.
- ➔ Amendments were made to Motion 4 to reflect the 5% in QM costs not originally provided to P&P and move MH, Psychiatry from the second to the first tier of funding. That changed PowerPoint slides as follows: Slide 2 from \$2,237,270 to \$2,112,978 and \$258,586 to \$372,878; Slide 8 from \$1.55 million to \$1.6 million for the first tier and adding MH, Psychiatry; Slide 10 from \$687,270 to \$512,978 for the second tier and removing MH, Psychiatry.

**MOTION 4:** Approve revised allocations for FY 2009, due to the Ryan White Part A award increase, as presented (*Amended*).

**MOTION 4A (Goodman/Watt):** Approve amendment to Motion 4, as presented (**Passed: 16 Ayes; 4 Opposed; 1 Abstention**).

**MOTION 4B (Engeran-Cordova/Ballesteros):** Reconsider approval of amendment to Motion 4, as presented (**Failed: 7 Ayes; 12 Opposed; 1 Abstention**).

**MOTION 4C (Goodman/Watt):** Approve Motion 4, as amended (**Passed: 21 Ayes; 0 Opposed; 0 Abstention**).

2. **FY 2009 Service Utilization and Needs Assessment Report (SUNAR):** The SUNAR and its accompanying presentation were distributed for review. This key document provides data for FY 2010 Priority- and Allocation-Setting.

3. **FY 2010 Priority Rankings:**

- Mr. Goodman reported the Committee used a variety of data to support FY 2010 priority rankings including the SUNAR, the Los Angeles Coordinated HIV Needs Assessment (LACHNA), provider forums, service utilization and financial data from OAPP, and data from the HIV Epidemiology Program.
- Rankings are by need and include all services defined by HRSA, all that either have or will have a standard of care, and/or are part of the Continuum of Care. Not all are funded or available in the EMA.
- The Committee recommended two changes from FY 2009 rankings: 1) CM, Psychosocial was moved from 14 to 9 because it is the second most utilized service after MO/Specialty and should be closer to CM, Medical consistent with Medical Care Coordination (MCC); and 2) Outreach was moved from 35 to 16 because it promotes access to those lost or returning to treatment, which has increased need due to the economic contraction.
- AIDS Drug Assistance Program (ADAP) and ADAP Enrollment were merged into a single category given the relationship the two services have with each other.
- Mr. Giugni asked why, if second most utilized, CM, Psychosocial was not higher. Mr. Goodman said utilization is one aspect of need, along with specialized need and focus reflected in other data in comparison with other categories.
- Ms. Broadus questioned use of the utilitarian paradigm of the greatest good for the greatest number which can under-represent those with service gaps. Mr. Vincent-Jones replied paradigms of equity and nuanced inclusiveness address special population needs. P&P has used these paradigms for several years and felt they reflect need well.
- Ms. Broadus asked about Hospice. Mr. Goodman noted it was moved up last year and an assessment of it is planned.
- Mr. Vincent-Jones acknowledged the Committee's work to meet the unusual time requirements this year. He added that the Committee has met almost weekly for the last three months and the Co-Chairs have been working daily to produce quality decisions as expeditiously as possible. Staff, especially Ms. Pinney, has also devoted exceptional effort to produce a SUNAR, a SPA 1 SUNAR, and a plan for allocations, plus presentations.

Service Categories	FY 2010 Ranking	FY 2009 Ranking
<b>Medical Outpatient/ Specialty</b>	1	1 and 3
<b>ADAP Enrollment/ AIDS Drug Assistance Program (ADAP)</b>	2	2 and NA*
<b>Local Pharmacy Program/ Drug Reimbursement</b>	3	4
Benefits Specialty	4	5
<b>Oral Health Care</b>	5	6
<b>Mental Health, Psychiatry</b>	6	7
<b>Mental Health, Psychotherapy</b>	7	8
<b>Case Management, Medical</b>	8	9
Case Management, Psychosocial	9	14
<b>Early Intervention Services</b>	10	10
<b>Health Insurance Premiums and Cost Sharing</b>	11	11
Substance Abuse, Residential	12	12
<b>Substance Abuse, Treatment</b>	13	13
Residential, Transitional	14	15
Residential, Permanent	15	16
Outreach	16	35
<b>Medical Transportation</b>	17	17
<b>Treatment Education</b>	18	18
<b>Medical Nutrition Therapy</b>	19	19
<b>Nutrition Support</b>	20	20
Legal	21	21
Case Management, Transitional	22	22
Direct Emergency Financial Assistance	23	23
Case Management, Housing	24	24
Language/Interpretation	25	25
<b>Skilled Nursing</b>	26	26
<b>Home Health Care</b>	27	27
Case Management, Home-based	28	28
<b>Hospice</b>	29	29
Child Care	30	30

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<b>Counseling and Testing in Care Settings</b>	34	34
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Peer Support	36	37
Respite Care	37	38
Psychosocial Support	38	40

**Bolded** services are core medical services.

**MOTION #5:** Approve priority rankings for FY 2010, as presented (**Passed: 17 Ayes; 0 Opposed; 3 Abstentions**).

### B. Standards of Care (SOC) Committee:

#### 1. *Benefits Specialty Standard of Care:*

**MOTION #6:** Approve the revised Benefits Specialty standard of care, as presented (*Passed as part of the Consent Calendar*).

#### 2. *ADAP Enrollment Standard of Care:*

**MOTION #7:** Approve the revised ADAP Enrollment standard of care, as presented (*Passed as part of the Consent Calendar*).

#### 3. *Grievance Policy and Procedure:* This was opened for public comment until 5/30/2009. The presentation in the packet will be posted on the Commission website. The document provides a grievance process for the HIV Continuum of Care.

#### 4. *Medical Care Coordination TA:* The TA Statement of Work to implement MCC was included in the packet.

### C. Joint Public Policy (JPP) Committee:

#### 1. *Legislative Recommendations:*

##### a. CA SB 57: MRMIP:

**MOTION #8:** Oppose CA SB 57 (CA MRMIP), and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate (*Passed as part of the Consent Calendar: 1 Abstention*).

##### b. CA SB 227: Health Care Coverage:

**MOTION #9:** Support CA SB 227 (Health Care Coverage), and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate (*Passed as part of the Consent Calendar: 1 Abstention*).

##### c. CA SB 796: Health Care Coverage: Continuation Coverage:

**MOTION #10:** Support CA SB 796 (Health Care Coverage: Continuation Coverage), and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate (*Passed as part of the Consent Calendar: 1 Abstention*).

##### d. CA AB 1045: HIV and AIDS Reporting:

**MOTION #11:** Support CA AB 1045 (HIV and AIDS reporting), as amended, and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate (*Passed as part of the Consent Calendar: 1 Abstention*).

#### 2. *Early Treatment for HIV Act (ETHA):*

##### a. US HR 1616: ETHA:

**MOTION #12:** Restate support of US HR 1616 (Early Treatment for HIV Act [ETHA] of 2009), and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate (*Passed as part of the Consent Calendar: 1 Abstention*).

#### 3. *Federal FY 2010 Appropriations:* This item was postponed.

#### 4. *State/Medi-Cal Budget Reductions:* This was discussed under the Benefits Report.

### D. Operations Committee: There was no report.

**19. CONSUMER CAUCUS REPORT:** The Consumer Caucus met following the Commission.

**20. SPA/DISTRICT REPORTS:** There were no reports.

**21. TASK FORCE REPORTS:** There were no reports.

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**22. COMMISSION COMMENT:** There were no comments.

**23. ANNOUNCEMENTS:** Mr. Engeran-Cordova reported that AIDS Health Care Foundation would be issuing an RFP the following week for community partners for testing as part of the domestic testing initiative which has a goal of 40,000 additional tests in the County.

**24. ADJOURNMENT:** Mr. Braswell adjourned the meeting at 1:50 pm.

**A. Roll Call (Present):** Aviña, Braswell, Ballesteros, Broadus, Butler, Engeran-Cordova, Frye, Giugni, Goddard, Goodman, Johnson, Kochems, Land, Negrete, O'Brien, Orozco, Page, Palmeros, Pérez, Sotomayor, Watt, Younai



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<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION #1:</b> Approve the Agenda Order.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #2:</b> Approve the minutes from the April 30, 2009 Commission on HIV meeting, as amended to reflect that Mr. Braswell abstained on Motion 6.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #3:</b> Approve the Consent Calendar with Motions 4 and 5 removed.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #4:</b> Approve revised allocations for FY 2009, due to the Ryan White Part A award increase, as presented, as presented.	<i>Amended</i>	<b>MOTION AMENDED</b>
<b>MOTION #4A (Goodman/Watt):</b> Approve amendment to Motion 4, as presented.	<i>Ayes:</i> Aviña, Braswell, Broadus, Engeran-Cordova, Goddard, Goodman, Kochems, Land, Long, Negrete, Orozco, Page, Palmeros, Sotomayor, Watt, Younai <i>Opposed:</i> Ballesteros, Giugni, Johnson, O'Brien <i>Abstentions:</i> Butler	<b>MOTION PASSED</b> <b>Ayes:</b> 16 <b>Opposed:</b> 4 <b>Abstention:</b> 1
<b>MOTION #4B (Engeran-Cordova/Ballesteros):</b> Reconsider approval of amendment to Motion 4, as presented.	<i>Ayes:</i> Aviña, Ballesteros, Engeran-Cordova, Giugni, Johnson, Kochems, O'Brien <i>Opposed:</i> Broadus, Goddard, Goodman, Land, Long, Negrete, Orozco, Page, Palmeros, Sotomayor, Watt, Younai <i>Abstentions:</i> Butler	<b>MOTION FAILED</b> <b>Ayes:</b> 7 <b>Opposed:</b> 12 <b>Abstention:</b> 1
<b>MOTION #4C (Goodman/Watt):</b> Approve amended Motion 4, as presented.	<i>Ayes:</i> Aviña, Braswell, Ballesteros, Broadus, Butler, Engeran-Cordova, Goddard, Goodman, Johnson, Kochems, Land, Long, Negrete, Orozco, Page, Palmeros, Sotomayor, Watt, Younai <i>Opposed:</i> Giugni, O'Brien <i>Abstentions:</i> None	<b>MOTION PASSED</b> <b>Ayes:</b> 19 <b>Opposed:</b> 2 <b>Abstention:</b> 0
<b>MOTION #5:</b> Approve priority rankings for FY 2010, as presented.	<i>Ayes:</i> Braswell, Engeran-Cordova, Giugni, Goddard, Goodman, Johnson, Kochems, Land, Long, Negrete, O'Brien, Orozco, Page, Palmeros, Sotomayor, Watt, Younai <i>Opposed:</i> None <i>Abstentions:</i> Aviña, Ballesteros, Broadus,	<b>MOTION PASSED</b> <b>Ayes:</b> 17 <b>Opposed:</b> 0 <b>Abstention:</b> 3
<b>MOTION #6:</b> Approve the revised Benefits Specialty standard of care, as presented.	<i>Passed as part of the Consent Calendar</i>	<b>MOTION PASSED</b>
<b>MOTION #7:</b> Approve the revised ADAP Enrollment standard of care, as presented.	<i>Passed as part of the Consent Calendar</i>	<b>MOTION PASSED</b>
<b>MOTION #8:</b> Oppose CA SB 57 (CA MRMIP), and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate.	<i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long	<b>MOTION PASSED</b> <b>Abstention:</b> 1
<b>MOTION #9:</b> Support CA SB 227 (Health Care Coverage), and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate.	<i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long	<b>MOTION PASSED</b> <b>Abstention:</b> 1
<b>MOTION #10:</b> Support CA SB 796 (Health Care Coverage: Continuation Coverage), and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate.	<i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long	<b>MOTION PASSED</b> <b>Abstention:</b> 1

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<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION #11:</b> Support CA AB 1045 (HIV and AIDS reporting), as amended, and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate.	<i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long	<b>MOTION PASSED</b> <b>Abstention:</b> 1
<b>MOTION #12:</b> Restate support of US HR 1616 (Early Treatment for HIV Act [ETHA] of 2009), and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate.	<i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long	<b>MOTION PASSED</b> <b>Abstention:</b> 1